# **Petition for Pardon After Completion of Sentence**

Please read the accompanying instructions carefully before completing the application. Type or print the answers in ink. Each question must be answered fully, truthfully, and accurately. If the space for any answer is insufficient, you may complete the answer on the optional continuation page or on a separate sheet of paper and attach it to the petition. You may attach any additional documentation that you believe is relevant to your petition. The submission of any material, false information is punishable by up to five years' imprisonment and a fine of not more than \$250,000. 18 U.S.C. §§ 1001 and 3571.

#### **To The President of the United States:**

The undersigned petitioner prays for a pardon and in support thereof states as follows:

Full nam	First		Middle I	Last
Address:	Number	Street	City	State
Telephon			_ Social Security No.	
	,	•		
Date and	place of birth:			
Sex:	Height:	Weight:	Hair Color:	Eye Color:
dates dur	nich you were co ring which you v	onvicted, the reaso	u have been known, ir n for your use of anot ., include your maide	ther name, and the
dates dur former m	nich you were co ring which you v narriage, aliases	onvicted, the reaso were so known ( <i>i.e</i> , and nicknames).	n for your use of anot	ther name, and the name, name by a
dates dur former m ————————————————————————————————————	nich you were coring which you varriage, aliases, aliases, aliases, aliases, aliases, a United States of a U.S. citizen, sta	onvicted, the reaso were so known ( <i>i.e</i> , , and nicknames). citizen?	n for your use of anot , include your maider your alien registration num	ther name, and the n name, name by a
Are you a  If you are n  citizen, state	nich you were coring which you was arriage, aliases, aliases, a United States of a U.S. citizen, state the date and place	onvicted, the reasovere so known (i.e, and nicknames).  citizen?  te your nationality and of your naturalization	n for your use of anote, include your maider	cher name, and the n name, name by a
Are you a  If you are n  citizen, state	nich you were coring which you was arriage, aliases, a United States of a U.S. citizen, state the date and place	onvicted, the reasovere so known (i.e, and nicknames).  citizen?  te your nationality and of your naturalization  or a presidential paragraphs.	n for your use of anote, include your maider	cher name, and the n name, name by a

#### Offense(s) For Which Pardon Is Sought

Under the Rules Governing Petitions for Executive Clemency, a minimum waiting period of five years after completion of sentence is required before you become eligible to apply for a presidential pardon. The waiting period begins on the date of release from confinement. If the conviction resulted in probation or a fine with no term of imprisonment, the waiting period begins on the date of sentencing. Please see paragraph 3 of the Information and Instructions on Pardons.

to  imprisonment for,  a fine of \$	of the crime of:  and restitution e offense was committed.  oation) on; ; began service of
to imprisonment for, a fine of \$	e offense was committed.
, \bigcup a fine of \\$  years of age when the limprisonment \bigcup prob	, and ☐ restitution e offense was committed.  oation) on;;
years of age when th □imprisonment □prob	e offense was committed.  oation) on;;
□imprisonment □prob	pation) on;;;
(Federal institution)	; began service of
, , , , , , , , , , , , , , , , , , , ,	
; and comple	
did not) appeal the con	viction.
stitution was paid. If the ethe remaining balance.	
e, provide the date of the preme Court. Also prov	ride citations to any
	did not) appeal the constitution was paid. If the the remaining balance

you pled guilty.	nt in the crimi If you need n			
				_

# Prior and Subsequent Criminal Record

For each such incident, state the following: the date, the nate enforcement authority involved, the location, and the disposincluding traffic violations that resulted in an arrest or crimare expected to describe in your own words the relevant factors be considered a falsification. If you need more space, use the	ition of the incident. You must list every violation
enforcement authority involved, the location, and the dispos including traffic violations that resulted in an arrest or crim are expected to describe in your own words the relevant fac-	ition of the incident. You must list every violation
	tual circumstances of each incident. Any omissi

## **Biographical Information**

	of spouse	date/place of birth
full aa	dress, including zip code	telephone number, including area o
date/p	lace of marriage	date/place of divorce
name	of spouse	date/place of birth
full aa	dress, including zip code	telephone number, including area o
date/p	lace of marriage	date/place of divorce
	of child	date/place of birth  date/place of birth
name	of child	date/place of birth
	of child	date/place of birth
<i>a</i> >	whether and to whom yo	en, but do not have custody of one or more of them, indi u pay child support, whether your payments are curren r your failure to pay and any agreement you have made igation.
(b)	satisfy your payment obl	

chool		From (mor	nth/year) To (month/ye	ear)
umber and Street		Degree	Month/year a	ıwarded
ity		State	Zip Code	
ame of school official		Telephone	number of school official	
incarceration, begin accounted for. List t	ning with the prese he physical locatio ved in an apartme	you have lived since the ent and working backwan of your residence; do not complex, list your ap tinuation page.	ard. <i>All time period</i> not use a post office	s <i>must be</i> e box as
Date you moved to present address (month/year):	Number and Street		Apo	artment Numb
	City	State	Zip Code	
	-	•	<u> </u>	
From (month/year):	Number and Street		Apo	artment Numb
From (month/year):  To (month/year):	Number and Street  City	State	Apo	artment Numb
		State	Zip Code	
To (month/year):	City	State State	Zip Code	
To (month/year):  From (month/year):	City  Number and Street		Zip Code  Apo	artment Numb
To (month/year):  From (month/year):  To (month/year):	Number and Street  City		Zip Code  Apo	artment Numb
To (month/year):  From (month/year):  To (month/year):  From (month/year):	City  Number and Street  City  Number and Street	State	Zip Code  Zip Code  Zip Code	artment Numb artment Numb artment Numb

List the complete address of all schools you have attended since your conviction, beginning with the most recent and working backward. Indicate the type of degree or diploma received

10.

#### **Employment History**

12. List all periods of employment and unemployment since the conviction or release from incarceration, beginning with the present and working backward. All time periods must be accounted for. List all full and part-time work, self-employment, and any periods of unemployment. For any period of unemployment, indicate your means of support. For additional employments, use the employment history continuation page.

		Telephone (include area code)	
Number and Street			
City	State	Zip Code	
Position	Supervisor	Supervisor's telephone number	
		Telephone (include area code)	
Number and Street			
City	State	Zip Code	
Position	Supervisor	Supervisor's telephone number	
		Telephone (include area code)	
Number and Street			
City	State	Zip Code	
Position	Supervisor	Supervisor's telephone number	
,	•	following allegations of ☐ yes ☐ no	
or other application yes to either of the above	n where such information e questions, provide the employed	on was requested?  yes no no yer's name, address and telephone	
	Position  Number and Street  City  Position  Number and Street  City  Position  Onviction, have you or unsatisfactory journs at is factory journs at its factory journs at is factory journs at its factory journs at i	City State  Position Supervisor  Number and Street  City State  Position Supervisor  Number and Street  City State  Supervisor	

# **Substance Abuse and Mental Health Information**

(a)	Have you ever used any illegal drug or abused prescription drugs or alcohol?   If yes, identify the drugs used, the dates of drug or alcohol abuse, and the frequency of such use. If you need more space, use the optional continuation page.
(b)	Have you ever been involved in the illegal manufacture, sale, or distribution of drugs, other than the offense for which you seek pardon? □ yes □ no
	If yes, provide complete details and dates of your involvement. If you need more space, use the optional continuation page.
(c)	Have you ever sought or participated in counseling, treatment, or a rehabilitation program for drug use or alcohol abuse?  If yes, specify the dates of treatment or counseling, and provide the full name, address, and telephone number of the treatment facility and of the doctor, counselor or other treatment provider.

Civil and Financial Information  (a) Are you currently in default or delinquent in any way in the payment or discharge of any debt or financial obligation imposed upon you?   If yes, state the amount of the debt, the full name, address, and telephone number of the creditor, the reason for the failure to pay, and the terms of any agreement you have made to satisfy the obligation. If you need more space, use the optional continuation page.  (b) Have any liens (including federal or state tax liens) been filed against you?   If yes, state the amount of the lien, the full name, address, and telephone number of the lien holder, the reason the lien was imposed, the current status of the lien, and the terms of any agreement you have made to satisfy the obligation. If you need more space, use the optional continuation page.		or counselor), or with another health care provider, concerning a mental health-related condition?  Let yes, specify the nature of the condition, the dates of treatment, the type of treatment, and the full name, address, and telephone number of the counselor or treatment provider.
(a) Are you currently in default or delinquent in any way in the payment or discharge of any debt or financial obligation imposed upon you?		
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If yes, state the amount of the lien, the full name, address, and telephone number of the lien holder, the reason the lien was imposed, the current status of the lien, and the terms of any agreement you have made to	, ,	any debt or financial obligation imposed upon you?
If yes, state the amount of the lien, the full name, address, and telephone number of the lien holder, the reason the lien was imposed, the current status of the lien, and the terms of any agreement you have made to		
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	(b)	If yes, state the amount of the lien, the full name, address, and telephone number of the lien holder, the reason the lien was imposed, the current status of the lien, and the terms of any agreement you have made to

(d) Have you ever consulted with a mental health professional (psychiatrist, psychologist,

(c)	Have you ever been named as a party in a civil lawsuit?  If yes, state the full name, address, and telephone number of any other party to the lawsuit, the countit was filed, the case number, the nature of the dispute, and the final disposition, including the term settlement agreement. If you need more space, use the optional continuation page.	yes ☐ no rt in which s of any
(d)	Have you ever filed for the discharge of your debts in bankruptcy?  If yes, state the court in which the petition was filed, the case number, the amount of debt sought to discharged, the final disposition of the action, and the date of disposition. If you need more space, optional continuation page.	
	Do you have pending any judicial or administrative proceedings with the fede	ral.
		<b>yes □ no</b> isdiction

# Military Record

l number:	T. 4.11. 1
	Type of discharge:
rations (if any):	
	charged, describe in detail the factual circumstaneed more space, use the optional continuation pers (Form DD-214), if available.
	lid you receive non-judicial punishment, or we
If yes, state fully the nature of the charge, the thereof, and the name and address of the auth convicted of an offense by court-martial, with	relevant facts, the disposition of the proceedings, the date nority in possession of the records thereof. If you were respect to each conviction, provide a copy of the court-mais required in questions 2 through 6 of this application. If
	Surrounding your discharge. If you is Attach a copy of your separation paper.  While serving in the armed forces, or you the defendant in any court-mar lifyes, state fully the nature of the charge, the thereof, and the name and address of the auth convicted of an offense by court-martial, with promulgating order and the information that

# Civil Rights and Occupational Licensing

(a)	Have you ever applied for the removal of your state firearms disabilities?
(b)	Have you ever applied for the removal of your federal firearms disabilities?  yes no If yes, indicate whether the application was granted or denied, and attach a copy of your application and the document(s) evidencing the federal government's action.
(a)	Have you ever been denied any type of business or professional license, had any such license revoked, or had reinstatement of any such license denied?  yes no If yes, attach a copy of the document(s) evidencing the action, including your application and any explanation of the reasons for the action. If not available, provide the name, address, and telephone number of the authority taking the action, the nature of the license, the disposition of your request, and the date of disposition.
(b)	Have you ever been granted any type of business or professional license or received the reinstatement of any such license that had been revoked?

# **Charitable and Community Activities**

Describe any charitable or civic activities in which you have been engaged, or other contributions you have made to the community, since your conviction. In this regard, yo may include the names of any organizations in which you have participated, the time periods of your participation, your role in these activities, and the name, address, and telephone number of a person associated with each organization who is familiar with you involvement. If you need more space, use the optional continuation page.

## Reasons for Seeking Pardon

and Insti forgiven	ructions on Pardons, which indicates that ess, not vindication. If you need more spa	efer to paragraph 4 of the Informati a pardon is ordinarily a sign of ace, use the optional continuation pa
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•		

#### **Certification and Personal Oath**

I hereby certify that all answers to the above questions and all statements contained herein are true and correct to the best of my knowledge, information, and belief. I understand that any intentional misstatements of material facts contained in this petition may cause adverse action on my petition for pardon, in addition to subjecting me to any other penalties provided by law.

In petitioning the President of the United States for pardon, I do solemnly swear that I will be law-abiding and will support and defend the Constitution of the United States against all enemies, foreign and domestic, and that I take this obligation freely and without any mental reservation whatsoever, So Help Me God.

Respectfully submitted this day of	(month)	,(year,	<del>) -</del>
		(sig	nature of petitioner)
Subscribed and sworn before me this	_ day of	(month)	, (year)
(SEAL)		_	Notary Public
	My commission	expires:	

### Continuation Page for Petition for Pardon After Completion of Sentence

### Residences

From (month/year):	Number and Street		Ap	Apartment Number	
To (month/year):	City	State	Zip Code		
		<u> </u>			
From (month/year):	Number and Street		Ap	oartment Number	
To (month/year):	City	State	Zip Code		
			,		
From (month/year):	Number and Street		$A_I$	oartment Number	
To (month/year):	City	State	Zip Code		
		1			
From (month/year):	Number and Street		Ap	oartment Number	
To (month/year):	City	State	Zip Code		
		1			
From (month/year):	Number and Street		Ap	oartment Number	
To (month/year):	City	State	Zip Code		
		1	1		
From (month/year):	Number and Street		$A_I$	oartment Number	
To (month/year):	City	State	Zip Code		
		I	l		
From (month/year):	Number and Street		Ap	oartment Number	
To (month/year):	City	State	Zip Code		

### Continuation Page for Petition for Pardon After Completion of Sentence

## **Employment History**

Employer				
		Telephone (include area code)		
Number and Street				
City	State	Zip Code		
Position	Supervisor	Supervisor's telephone number		
		Telephone (include area code)		
Number and Street				
City	State	Zip Code		
D. W.				
Position	Supervisor	Supervisor's telephone number		
		Telephone (include area code)		
		Telephone (include dred code)		
Number and Street				
Traineer and sireer				
City	State	Zip Code		
Position	Supervisor	Supervisor's telephone number		
		Telephone (include area code)		
Began (month/year): Number and Street				
City	State	Zip Code		
Position	Supervisor	Supervisor's telephone number		
	City  Position  Number and Street  City  Position  Number and Street  City  Position  Number and Street  City  City  City  City  City	City State  Position Supervisor  Number and Street  City State  Position Supervisor  Number and Street  City State  Position Supervisor  Number and Street  City State  Position Supervisor		

### Optional Continuation Page for Petition for Pardon After Completion of Sentence

### **Answers to Other Questions**

Question #	Response:

### Optional Continuation Page for Petition for Pardon After Completion of Sentence

### **Answers to Other Questions**

Question #	Response:
<del></del>	
	-

Petition for Pardon After Completion of Sentence

# **CHARACTER AFFIDAVIT**

### on behalf of

In support of the applic	ation of the above n	named petition	oner to the	President of	t the United
States for pardon, I,					,
_	(Print or	type name of affiant	)		
residing at					
Number	Street C	lity		State	Zip Code
Telephone No. (include area code)	whose occupation i	is			
certify that I have person indicated below, petition manner. My knowledg whether the petitioner hand has been steadily en	oner has behaved single of petitioner's reputation as been arrested or	nce the convutation, con-	iction in a 1 duct and ac	moral and la tivities, inc	aw-abiding luding
I do solemnly so of my knowledge, infor	wear that the forego mation, and belief.	ing informa	tion is true	and correct	to the best
			(Signature	e of Affiant)	
Subscribed and	sworn to before me	this	day of	(month)	,
(SEAL)		No.	tary Public:		
		Mı	commission exp	ivas:	

# **CHARACTER AFFIDAVIT**

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In support of the applic	ation of the above n	named petition	oner to the	President of	t the United
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Number	Street C	lity		State	Zip Code
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I do solemnly so of my knowledge, infor	wear that the forego mation, and belief.	ing informa	tion is true	and correct	to the best
			(Signature	e of Affiant)	
Subscribed and	sworn to before me	this	day of	(month)	,
(SEAL)		No.	tary Public:		
		Mı	commission exp	ivas:	

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In support of the applic	ation of the above n	named petition	oner to the	President of	t the United
States for pardon, I,					,
_	(Print or	type name of affiant	)		
residing at					
Number	Street C	lity		State	Zip Code
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I do solemnly so of my knowledge, infor	wear that the forego mation, and belief.	ing informa	tion is true	and correct	to the best
			(Signature	e of Affiant)	
Subscribed and	sworn to before me	this	day of	(month)	,
(SEAL)		No.	tary Public:		
		Mı	commission exp	ivas:	

#### **Authorization for Release of Information**

Carefully read this authorization to release information about you, then complete, sign and date it in ink.

I authorize any investigator, special agent, or other duly accredited representative of the Federal Bureau of Investigation, the Department of Defense, and any other authorized Federal agency, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, courts, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history, arrest, conviction, including the presentence investigation report, if any, medical, psychiatric/psychological, health care, and financial and credit information.

I understand that, for financial or lending institutions and certain other sources of information, a separate specific release may be needed (pursuant to their request or as may be required by law), and I may be contacted for such a release at a later date.

I further authorize the Federal Bureau of Investigation, the Department of Defense, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my suitability for a government benefit.

I authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary. I understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes of processing my application for a government benefit, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for three (3) years from the date signed.

Signature (sign in ink)		
Full Name (type or print legibly)		Date Signed
Other Names Used		
Street Address		
City	State	Zip Code
Home Telephone Number (include area code)	Social Security Number	